

Registration Form

CHILD'S NAME _____
Please Print

Date of Birth _____

AGE _____ M F

ADDRESS _____

PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL _____

EMERGENCY CONTACT _____

Are you on our mailing list Y N

CLASS/DAY/TIME _____

CHOOSE YOUR GALAXY PAYMENT PLAN:

\$ _____ B. Installment plan

\$ 30.00 Annual Registration Fee (per child)

\$ _____ TOTAL

Installment Agreement: I agree to make full installment payments every four weeks. I understand that I must continue payments until semester fee is paid in full or until I have given 2 weeks prior notice in writing to Galaxy Gymnastics stating the date of my intention to discontinue my child's/children's classes, if that date is before the end of the semester.

Signature of Parent or Guardian _____ Date _____

**PLEASE MAKE CHECKS PAYABLE TO:
GALAXY GYMNASTICS
NO REFUNDS OR CREDITS**



MEDICAL INFORMATION FORM

Please list medical conditions and recent or repeated injuries and any allergies:

Signature: _____

**PERMISSION SLIP
*PARENT/GUARDIAN SIGNATURE**